

**OAKLAND BOARD OF HEALTH**  
One Municipal Plaza, Oakland, NJ 07436  
Phone: 201-337-9254 \* Email: [health@oakland-nj.org](mailto:health@oakland-nj.org)

**HEALTH LICENSE APPLICATION – FOOD**  
Valid 1/1/25 through 12/31/25

**LICENSE RENEWAL PACKETS MUST BE COMPLETE & SUBMITTED BY DECEMBER 31, 2024**

ESTABLISHMENT'S TRADE NAME \_\_\_\_\_  
ESTABLISHMENT'S ADDRESS \_\_\_\_\_  
ESTABLISHMENT'S PHONE # \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Owner's Cell # \_\_\_\_\_  
Owner's Mailing Address \_\_\_\_\_ Owner's Email \_\_\_\_\_  
Manager's Name \_\_\_\_\_ Manager's Cell # \_\_\_\_\_  
Manager's Mailing Address \_\_\_\_\_ Manager's Email \_\_\_\_\_

*If Establishment is a Corporation/Partnership: Provide names and addresses of Officers/Partners on back.*

1. \_\_\_\_\_ Market/Supermarket - \$900
2. \_\_\_\_\_ Restaurant/Industrial Cafeteria/Banquet Facility  
\_\_\_\_\_ Up to 50 Seats ..... \$250  
\_\_\_\_\_ 51 – 100 Seats ..... \$325  
\_\_\_\_\_ 101+ Seats ..... \$500
3. \_\_\_\_\_ Health Care Facility  
\_\_\_\_\_ Up to 100 Beds ..... \$150  
\_\_\_\_\_ 101 – 200 Beds ..... \$300  
\_\_\_\_\_ 201+ Beds ..... \$500
4. \_\_\_\_\_ Bakery, Deli, Take-Out/Snack Bar, Conv. Store (all with food prep/grill), Caterer ..... \$250
5. \_\_\_\_\_ Bakery, Deli, Take-Out/Snack Bar, Conv. Store (all w/o food prep/grill), Rooming/Boarding Home ..... \$200
6. \_\_\_\_\_ School, Mobile Vendor, Frozen Food Mobile Vendor ..... \$150
7. \_\_\_\_\_ Packaged Food/Beverage Sales, Seasonal Snack Bar ..... \$100
8. \_\_\_\_\_ Churches, Fraternal Organizations, Borough-Affiliated Organizations ..... N/C
9. \_\_\_\_\_ TEMPORARY 30-Day License ..... \$250

**Issued to noncompliant establishments at time of renewal and is required in addition to Annual License.**  
Note: Temporary 30-Day License will be issued for a period of two months. IF COMPLIANCE IS NOT MET BY MARCH 1<sup>st</sup> OF LICENSING YEAR, THE ESTABLISHMENT WILL BE CLOSED. The owner or manager in charge of the establishment must appear at the next Board of Health meeting to provide just cause as to why the establishment should be allowed to reopen.

**Also issued to food establishments in violation of Chapter.** Any retail food establishment found to be in violation of Chapter 24 of the NJ Administrative Code or and Board of Health ordinance of the Borough of Oakland may, at the Board of Health's discretion, be issued a Temporary 30-Day License to operate. Renewal of said license may also be renewed at the Board of Health's discretion.

**CONTINUE ON REVERSE SIDE >>>**

10.        **TEMPORARY 90-Day License** ..... \$150

**Issued to new food establishments that do not meet Food Course requirements at time of opening.**

**NOTE:** *If Food Courses are available and course requirements have not met within the 90-day period, owner must appear at the next Board of Health meeting to provide just cause as to why establishment should be allowed to remain open.*

11.        **Food & Beverage Vending Machine License**

       Gumball & Gumball-Style Machines ..... \$25/per coin slot  
       All Other Machines ..... \$50/each

**Type of Machine**

**Location of Machine (Company Name & Full Street Address)**

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(Use additional paper to add more machines)

**NOTE:** LATE FEES FOR FOOD AND BEVERAGE VENDING MACHINES are assessed for each 30-day period or portion thereof following January 31<sup>st</sup>. Fees: \$5 per coin slot for gumball and gumball-style machines and \$10 per machine for all other vending machines.

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**LICENSES ARE NON-TRANSFERABLE, EXPIRE ON DECEMBER 31<sup>ST</sup>  
& REQUIRE ANNUAL RENEWAL PRIOR TO JANUARY 1<sup>ST</sup>**

**Application packet must include completed application form, fee, and food manager and handler certifications if applicable, or your application cannot be processed.**

*Cash or checks payable to "Borough of Oakland" are accepted.*

*By signing below, the owner or manager acknowledges and agrees to abide by all state and local ordinances adopted in connection with the license being issued.*

Owner/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Manager Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OAKLAND BOARD OF HEALTH**